

Funeral plan

Once you've completed the form, please email it to claims@stangenlife.co.za; or fax it to us at 087 942 725 and our claims team will take it from there; or phone us on 010 020 7655.

Policy Number (required) _____

Scheme Name (required) _____

Main member			
Surname			
First Names			
ID. Number			
Email Address			
Home Number		Cell Number	
Employer Name			
Employer Tel. Number			

Beneficiary details (if not main member)			
Surname			
First Names			
ID. Number			
Email Address			
Home Number		Cell Number	
Employer Name			
Employer Tel. Number			

Bank details	
Bank	
Account no.	
Account type	
Branch code	
Branch name	

Details of deceased member/s			
Member/s being claimed for:			
Surname	First Names	ID no./Date of Birth	Relationship

Policy Number (required)

- Certified copy of main member's ID.
- Certified copy of deceased's death certificate.
- Police report for unnatural death.
- Certified Copy of beneficiary's ID (if deceased is the main member).
- BI-1663 form with completed.
- Certified copy of deceased member's ID (or children's birth certificate).
- Copy of beneficiary's bank statement with bank stamp.

Declaration

I declare that the provided is true and correct. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company. Penalties include imprisonment, fines, and denial of the insurance benefit.

Claimant signature

Date

Declaration and authorisation by the claimant	
Policy Schedule Number	

Declaration

I/we _____ declare that to the best of my/our knowledge all the information that I/we have given in this claim form is accurate and complete and that I/we have not withheld any information which could influence the decision on this claim. I/we further declare that I/we understand that my/our failure to disclose relevant information in respect of this claim may invalidate the claim. I/we acknowledge that I/we fully understand the contents of this declaration.

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Authorisation

I/we hereby authorise Stangen or any of its representatives to obtain any information regarding this policy from any doctor, insurer or elsewhere that may be necessary to investigate this claim. I/we further authorise Stangen or any of its representatives to release any information regarding to this claim to any other interested parties that it deems necessary in respect of this claim.

I/we warrant that I am/we are legally entitled to the proceeds under this policy and that my/our estate(s) are solvent and have not been ceded or sequestrated.

Signed on _____ day of _____ 20 ____.

Signature

Declaration

I, _____ identity number _____, hereby give consent for my cash funeral benefit as per policy number _____ to be paid out to the funeral parlour as per the details below:

Parlour Name _____
Contact Number _____

Bank details	
Bank	
Account no.	
Account type	
Branch code	
Branch name	

Should there be an error in the bank details herein provided, resulting into a payment being made into the wrong account, I fully indemnify both _____ and Stangen, and confirm that I shall not have any claim against both parties in this respect.

First Name

Signature

Date